

# Patent Planet



December 13, 2004

2154  
Robert Moll, Patent Attorney  
1173 St. Charles Court  
Los Altos, CA 94024  
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Fax 650-567-9183

Email rgmoll@patentplanet.com  
Website www.patentplanet.com

I hereby certify that this paper is sent by  
First class mail with sufficient postage to:  
Director of the United States  
Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450 on: December 13, 2004  
Robert Moll  
Robert Moll, Registration No. 33,741

Director of the United States  
Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: U.S. Application No. 10/037,545 entitled:  
Workflow Systems And Methods For Project Management And  
Information Management  
Inventor(s): Norman Ken Ouchi  
Attorney Docket No. Solectron 721

Dear Examiner:

This application was filed with a petition for filing by other than inventor under 35 USC 118 as a 37 CFR 1.47 application. Dr. Norman Ken Ouchi has since decided to join in the application by signing his executed declaration. I have enclosed the executed declaration and power of attorney to be placed in the application file, a \$130 check for the declaration surcharge, and the PTO return receipt postcard. It appears the PTO has not acted on the petition so I respectfully request the petition be withdrawn and the petition fee refunded.

Please call me if you have questions or comments regarding this matter.

12/17/2004 HBEYENE1 00000060 10037545

01 FC:1464

130.00 OP

Sincerely,

Robert Moll

Robert Moll  
Registration No. 33,741

Cc w/ enclosures:  
Timothy C. Chu, Esq.



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      **OR**      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Solectron 721
First Named Inventor	Norman Ken Ouchi

**COMPLETE IF KNOWN**

Application Number	10/037,545
Filing Date	12/21/2001
Art Unit	2154
Examiner Name	Unknown

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Workflow Systems And Methods For Project Management And Information Management

*(Title of the Invention)*

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) 12/21/2001 as United States Application Number or PCT International

Application Number 10/037,545 and was amended on (MM/DD/YYYY)                      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.*

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Robert Moll			
Address 1173 Saint Charles Court			
City Los Altos	State CA	ZIP 94024	
Country US	Telephone 650-567-9153	Fax 650-567-9183	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Norman Ken		Family Name or Surname Ouchi	
Inventor's Signature 		Date Dec. 2, 2004	
Residence: City San Jose	State CA	Country US	Citizenship US
P.O. Box 20111			
City San Jose	State CA	Zip 95160 <del>95120</del>	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

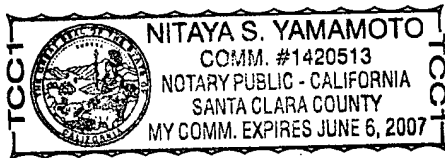
Santa Clara

ss.

On December 2, 2004 before me, Nitaya S. Yamamoto, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Norman Ken Ouchi  
Name(s) of Signer(s)

☒ personally known to me  
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Nitaya S. Yamamoto  
Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: Declaration for Utility or Design Patent Application  
Document Date: December 2, 2004 Number of Pages: two (2)

Signer(s) Other Than Named Above: N/A

### Capacity(ies) Claimed by Signer

Signer's Name: Norman Ken Ouchi

- ☒ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: Himself

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here



**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/037,545
Filing Date	12/21/2001
First Named Inventor	Norman Ken Ouchi
Title	Workflow Systems And Methods For
Art Unit	2154
Examiner Name	Unknown
Attorney Docket Number	Solectron 721

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Moll	33,741

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Moll				
Address	1173 Saint Charles Court				
City	Los Altos	State	CA	Zip	94024
Country	US				
Telephone	650-567-9153	Fax	650-567-9183		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Norman Ken Ouchi	Date	DEC 2, 2004
Name	Norman Ken Ouchi	Telephone	408-268-3722
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

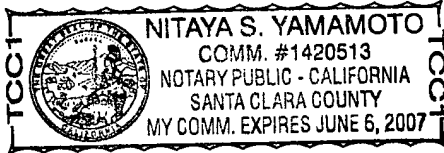
State of California

County of Santa Clara } ss.

On December 2, 2004 before me, Nitaya S. Yamamoto, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")  
personally appeared Norman Ken Ouchi  
Name(s) of Signer(s)

- ☒ personally known to me  
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Nitaya S. Yamamoto  
Signature of Notary Public

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: Power of Attorney and Correspondence Address  
Indication form  
Document Date: December 2, 2004 Number of Pages: one (1)  
Signer(s) Other Than Named Above: N/A

### Capacity(ies) Claimed by Signer

Signer's Name: Norman Ken Ouchi

- ☒ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: Himself

RIGHT THUMBPRINT  
OF SIGNER

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